



CERT FEEDBACK

Name (optional) _____

1. I am taking this class primarily for:
☐ Personal preparedness
☐ Family preparedness
☐ Neighborhood preparedness
☐ Other _____
2. Rate each topic on its relative value to your learning expectations:
(1 is lowest, 5 is highest)

TOPIC	RATING	COMMENTS
Personal Preparedness		
Neighborhood Organization		
PG&E Video		

3. What did you like best about this class?
4. What did you dislike?
5. What information would you like to see added to the class?
6. Was this meeting time convenient? Yes No
- 6a. If no, list other days and times that would work better? _____
7. Was the meeting room comfortable? Yes No
8. Additional Comments

Your input helps us make this course better! Thanks!